



Genesis

VOICE OF STUDENTS

Labels aside: living with alcoholism

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None declared

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It was intimidating sitting among first-year medical students during a preventive medicine lecture at a southern California campus. I wore a stiffly pressed, pin-striped, cotton shirt under an expensive pantsuit, looking my interview best. The guest speaker was an obstetrics-gynecology specialist in adolescent pregnancies complicated by substance abuse or dependence. As a medical school applicant, I was as stiff as my shirt, with a smidgen of excitement, a dash of nervousness, and a whole lot of inattention to the physician giving her presentation.

Her talk focused on the psychosocial predispositions to alcoholism among adolescent girls. I followed the list of risk factors projected on the next few slides, feeling the blushing ache of identification: "history of abuse/trauma, history of neglect or abandonment, latch-key kid, age inappropriate responsibilities." I tried to restrain my unexpected tears.

At that time in my life, I was struggling with the label of *alcoholism*, wondering, after 8 years of continuous sobriety, if I actually was an alcoholic. After all, the people with whom I used to drink and take drugs were now professional adults, some even doctors and lawyers, and many were raising families of their own. They had drunk as much as I had and gotten into just as much trouble it seemed, yet somehow, they were eventually able to lead productive lives. I, on the other hand, found myself at the age of 22, fired from a receptionist job, nearing eviction from my New York City sardine can of a studio flat, and unable to take care of daily chores, such as laundry, bills, and groceries. I was frequently having blackouts, the last binge involving a weeklong loss of memory. To this day, I cannot tell how the Chinese take-out containers wound up in my apartment. I obviously ordered food for delivery on more than one occasion and paid for it with either cash or credit (I may even have given a tip)—all without the vaguest memory of having done so.

For me, coming of age in the early 1980s included partying regularly in the Manhattan nightclubs. My friends and I were honor roll prep-school students by day and charming teenage drunks by night. I know from my own fellowship research on adolescent addiction that teens still live this life today. However, many people will argue—including myself during spells of doubt—that my cohorts and I were simply being teens: experimenting and exploring.

The speaker described how her patients all started their habits early. The progression of their disease was rapid; adolescent girls, for some reason, hit "bottom" sooner than either their male counterparts or those who start drinking later in life. Although I waited until I was 23 years old to

ask for help, my own bottom was far earlier. By the age of 16, I had attempted to take my life on three occasions and was mandated by the school administration to receive psychotherapy; I eventually chose to drop out of school altogether. I then spent time on and off the streets, feeling at home with the homeless, careless to the dangers that accompanied that lifestyle. I traveled alone by bus and by hitchhiking cross-country, lived in transient hotels with drug dealers in San Francisco, and sold sandwiches at Grateful Dead shows—a far cry from the privileged life I had led—all before I was 19 years old. The signs and symptoms of my alcoholism and addiction—cigarette smoking and binge beer drinking—had appeared as early as age 12 and had progressed rapidly in the next 4 years.

The physician lecturer ended her presentation with this heartfelt advice: "Before you judge these young women on your rotations, before you ask, 'How dare she drink and smoke and do drugs while she's 5-months pregnant?' examine your own habits, your own shortcomings, your own drinking." Then she commented on the announcement just made during the break about the big party that was happening in a downtown bar that evening after classes. A quick flutter of laughter broke out, and then sharp silence. I felt tears run uncontrollably and annoyingly down the interview face that I had so carefully put together that morning. Yet, I also knew that I was on the right path—that my experiences could, one day, be of benefit to patients.

I have not reached any conclusion as to whether or not I am a "DSM-IV, certifiable drunk." According to some people, a self-diagnosis, by way of admitting complete powerlessness over one's alcoholism, is an absolute necessity in becoming sober. It has been almost 11 years since I took my last drink and more than 13 years since my last illicit drug. I find great comfort, still, in being among other sober alcoholics who gather to share their experiences, strength, and hope. We are an unlikely bunch of friends and acquaintances, resembling little of what is seen in the emergency rooms or the treatment centers; yet many of us have passed through those settings on more than one occasion. Most, if not all of us, will label ourselves alcoholics, but the primary reason we meet is because we realize that drinking has become more of a liability than an asset and that we want to be with those who feel the same way.

As medical students and practitioners, we pay particular attention to the *physical* component of alcoholism and substance abuse. Perhaps my liver function tests were unremarkable, and perhaps I could have "managed" my

drinking indefinitely. But *spiritually* and *emotionally*, I was bankrupt. By age 22, I felt spent. Ironically, it is probably for this reason that I remain sober. I know that if there was still a hint of fight left in me, I would have eventually assembled a life as a controlled drinker, for I am almost certain that my body could have withstood another decade or more of alcohol consumption. However, that life would have probably lacked the spiritual richness and emotional grounding that I now experience. I have been obliged to examine my own habits, shortcomings, and motivations, as that guest lecturer suggested. This has been sobering in itself. Contrary to what I had feared it would be, life has been far from dull without alcohol.

Alcoholism is difficult to identify and treat. An obstacle to identifying the problem is the ambiguous line between normal consumption and pathology. Additionally, much of our recreational culture normalizes the overuse of alco-

hol, which makes one more vulnerable to relapse. Alcoholism has been characterized as an insidious chronic illness that easily lulls the afflicted into thinking they are cured and can safely return to drinking. It is also a very accessible and temporarily effective means of self-managing emotional or physical pain. I think about all of these things that I have experienced when I meet patients under the influence, when I attend school socials, and when I engage in conversations with the handful of fellow students disdaining the alcoholic “who should just get his act together.” How often was I told that I should “just get my life in order”?

When I remember the darkness into which I sank, and in those moments when I am less prideful of my accomplishments, I realize it has been an act of grace that I made it to medical school and that everything, simply everything, has been a gift that I can also give to others.